



**Missouri Board of Probation and Parole  
Missouri Department of Corrections  
Division of Probation and Parole  
Sex Offender Supervision and  
Community Sex Offender Treatment  
Provider Manual**

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# **Table of Contents**

Introduction .....	4-5
Definitions .....	6-12
Role and Responsibilities of the Probation and Parole Officer .....	13-15
Role and Responsibilities of the Community Sex Offender Treatment Provider .....	16-20
Role and Responsibilities of the Community Sex Offender Treatment Provider (Provisional).....	21
Role and Responsibilities of the Polygraph Examiner .....	22-23
Role and Responsibilities of the Treatment Compliance Specialist.....	24-25
Standards for Community Sex Offender Treatment .....	26-27
Sex Offender Assessment and Treatment for Females.....	28-30
Minimum Standards for Sex Offender Sponsor Programs .....	31-34
Missouri Sex Offender Program (MoSOP) .....	35-36
Sex Offender Assessment Unit (SOAU).....	37
Designated Sex Offender Evaluations (DSO) .....	38-40
Lifetime Supervision .....	41-42
Probation and Parole Interpreter Contract Purchasing Guideline.....	43-44
Progress Report .....	45-48
Confidentiality Agreements/Limitations, Group Monitoring, and File Review Advisement.....	49
Missouri Division of Probation and Parole Sex Offender Sponsor Agreement.....	50-51
Sex Offender Evaluation Form .....	52-55
Requirements for Approved Providers .....	56-57

Requirements for Approved Providers (Provisional) .....	58-59
PROVIDER STANDARDS .....	60-61
Sex Offender Treatment File Review .....	62-63
Sex Offender Treatment/Evaluation Referral Form.....	64
Sex Offender Supervision Agreement.....	65
Polygraph Doctor Letter.....	66-67

# **Introduction**

The Department of Corrections Division of Probation and Parole hired three Regional Sex Offender Specialists in 1995 to assist in the treatment and supervision of Sex Offenders. In March 1997, the Sex Offender Supervision Agreement was approved by the legal department and implemented with Sex Offenders. In 1998, the Sex Offender Committee created and implemented the Minimal Standards for Approved Community Sex Offender Treatment and Therapists.

This manual was originally developed to establish standards and guidelines for Sex Offender Treatment Providers regarding the treatment of Sex Offenders in the community. As research and knowledge with regard to treatment and supervision of Sex Offenders evolved, legislatures have passed new and more restrictive laws. Chapter 566, and 557.051, of the Missouri Revised Statutes outlines Sex Offender treatment requirements and provides standards with regard to treatment assessments and subsequent treatment.

## **Section 557.051 indicates the following:**

- A person who has been found guilty of an offense under chapter 566, or any sex offense involving a child under chapter 568 or 573, and who is granted a suspended imposition or execution of sentence or placed under the supervision of the Board of Probation and Parole shall be required to participate in and successfully complete a program of treatment, education and rehabilitation designed for perpetrators of sexual offenses. Persons required to attend a program under this section shall be required to follow all directives of the treatment program provider, and may be charged a reasonable fee to cover the costs of such program.
- A person who provides assessment services or who makes a report, finding, or recommendation for any offender to attend any counseling or program of treatment, education or rehabilitation as a condition or requirement of probation following a finding of guilt for an offense under chapter 566, or any sex offense involving a child under chapter 568 or 573, shall not be related within the third degree of consanguinity or affinity to any person who has a financial interest, whether direct or indirect, in the counseling or program of treatment, education or rehabilitation or any financial interest, whether direct or indirect, in any private entity which provides the counseling or program of treatment, education or rehabilitation.
- The provisions of this section shall not apply when the Department of Corrections has identified only one qualified service provider within reasonably accessible distance from the offender or when the only providers available within a reasonable distance are related within the third degree of consanguinity or affinity to any person who has a financial interest in the service provider.

Management and the reduction of risk factors have become paramount to Sex Offender

supervision and community based treatment with an overall goal of ensuring public safety. The Provider Manual contains standards with regard to the treatment and management of Sex Offenders currently under the supervision of the Division of Probation and Parole.

As have many jurisdictions across the country, the Division of Probation and Parole has adopted the Containment Model, developed by Kim English, to guide the supervision and treatment of Sex Offenders residing in communities in Missouri. The Containment Approach is an accepted, effective way to manage Sex Offenders, based on empirical data and theoretical concepts consistent with the best available information from the field of community corrections. The underlying principles of the Containment Model include:

- Each sexual crime has significant potential for immediate and chronic harm to direct victims, their families, and communities.
- The great majority of sexual crimes are planned acts, committed within the context of an identifiable pattern, integral to the offender's life.
- Working together, criminal justice and forensic mental health professionals can effectively identify, monitor, interrupt, and modify this pattern in many cases.
- Official response to sex crimes can assist or impede victim recovery in many cases.
- A victim-oriented philosophy for managing offenders consistently asks, "What is best for the victim?"
- Sensitive laws and practices can provide adequate safeguards without re-victimizing family members.

The Containment Approach, or model as it is often referred to, operates in the context of multi-disciplinary collaboration, explicit policies, and consistent practices that combine case evaluation and risk assessment, Sex Offender treatment, and intense community monitoring and supervision, all designed to maximize public safety.

The ultimate goal of the Containment Model is to manage risk; thus, preventing the likelihood of Sex Offenders re-offending. There are three critical components of containment-focused risk management: 1) supervision, 2) treatment, and 3) polygraph examinations. These components must act collaboratively to develop specific practices that can be tailored to the individual characteristics of the Sex Offender and adapted to the needs of the community.

For the Containment Model to be effective it is crucial for supervision agencies, treatment providers, and polygraph examiners to share information and communicate freely to prevent Sex Offenders from maintaining secrecy and deception or playing members of the team against one another to the Sex Offender's advantage. As teamwork improves, gaps in offender management will begin to disappear.

# **Definitions**

**Acute Dynamic Risk Factors** – Immediate changeable risk factors of a sex offender such as: substance use, sexual preoccupation, access to victims, and non-compliance with supervision, etc.

**Approved Provider List** – A comprehensive list of Community Sex Offender Treatment Providers who have been approved by the Department of Corrections to provide Sex Offender evaluations and/or treatment for Sex Offenders currently under the supervision of the Missouri Division of Probation and Parole.

**Assessment** – An in-depth interview of an offender to gather demographic information, psychosocial history, educational and work histories, substance use, medical, and/or mental health histories, previous treatment history, and the offender's perception of current strengths and deficits.

**Assessment Instrument** – In general, any of a number of standardized devices utilized in measuring or recording data to identify sexually deviant behaviors, beliefs, history, functioning, and other factors relevant to Sex Offender treatment.

**Association for the Treatment of Sexual Abusers (ATSA)** – An organization with international membership that promotes evidence based practice, public policy, and strategies for communities to enhance effective assessment, treatment, and management of those who have committed sexual abuse or are at risk of committing abuse.

**Chief Administrative Officer (CAO)** – The chief administrative officer is the highest-ranking individual at the worksite, as designated below. Exception: Employees at worksites who do not report to the worksite chief administrative officer will be accountable to the assistant division directors/central office section heads who are in their chain of command.

1. Division Director
2. Chief State Supervisor
3. Assistant Division Director
4. Regional Administrators
5. Superintendent
6. Field Services Administrator
7. District Administrators

**Chief Law Enforcement Official (CLEO)** – The county sheriff, chief of police or other public official responsible for enforcement of criminal laws within a county or city not within a county.

**Child Care Facility** – A house or other place conducted or maintained by any person who advertises or indicates they are providing care for four or more children during the

day or evening hour's time, for compensation or otherwise, except those operated by a school system or in connection with a business establishment which provides child care as a convenience for its customers or its employees for no more than four hours per day. A child care facility shall not include any private or religious organization, elementary or secondary school, a religious organization academic preschool or kindergarten for four and five-year old children, or a home school, as defined in section 167.31 RSMo.

**Clinical Polygraph** – An instrument which measures physiological reactions associated with arousal of the autonomic nervous system such as increased heart activity, rate and depth of breathing, and palm sweating. These physiological responses are interpreted by a specifically trained technician as indicating truth or deception and are non-interrogatory.

**Clinical Polygraph Examiners** – Polygraph examiners utilized by the community Sex Offender program are experienced individuals who have successfully completed a recognized and/or certified school of polygraph testing, including a specialized 40-hour course in post-conviction Sex Offender testing. These individuals must maintain ongoing professional membership in at least one of the three nationally recognized polygraph associations (American Polygraph Association, National Polygraph Association, or American Association of Police Polygraphists) and shall abide by all conduct and ethical standards set by that association, including those related to continuing education.

**Community Sex Offender Treatment Provider** – A licensed mental health professional with 500 hours of specialized experience and training background in Sex Offender treatment who is “Approved” by the Department of Corrections (DOC) to treat Sex Offenders currently under the supervision of the DOC. While DOC recognizes that these mental health professionals provide services independently and consistent with their licensure requirements, professional standards, and ethics, providers are also expected to offer treatment that is consistent with guidelines described by the Association for the Treatment of Sexual Abusers (ATSA) and DOC requirements of adequate records to include risk information.

**Community Sex Offender Treatment Provider (Provisional)** – Community Sex Offender treatment providers who are licensed mental health professionals who lack the 500 hours of diagnostics/treatment of Sex Offenders and practice under the supervision of an approved Community Sex Offender Treatment Provider, with the approval of Department of Corrections.

**Community Supervision Centers (CSC)** – A structured residential facility designed to allow offenders to remain in the community while focusing on issues related to employment, treatment and securing a home plan.

**Conditional Release** – Statutorily mandated release with a required period of supervision.

**Designated Sex Offender (DSO)** – Offender whose current supervision is not for a sex

offense as defined by statute, who has been designated as such by means of a due process hearing and the court or Parole Board, has issued a special condition or extended written provisional authority for Sex Offender supervision.

**Director's Release** – The release of an offender from incarceration not requiring further supervision by the Board of Probation and Parole, either after 3/4ths of the sentence has been completed under the old criminal code, or after the entire sentence has been completed under the new criminal code.

**Emergent** – A sudden unforeseen crisis requiring an immediate intervention.

**DSO Evaluation** – A clinical appraisal combining assessment instruments with interview to determine whether or not a referred offender is in need of Sex Offender treatment. This should consist of, at minimum, a measure of static risk factors and personality or psychopathy.

**Forensic Case Monitor**- A Department of Mental Health behavioral health professional that ensures clients on Conditional Release of the SORTS program are compliant with the conditions of their release and are psychiatrically stable.

**Foreseeable Risk** – An anticipated danger that a sensible person should expect as a consequence of one's actions.

**Global Positioning Satellite System (GPS)** – An electronic monitoring system that utilizes global satellite and cellular communications capability to track offender movement.

1. Active GPS – Provides near real-time tracking.
2. Passive GPS Provides tracking data at intervals specified by equipment or monitoring service plan.

**Good Lives Model (GLM)** – A theoretical framework of offender treatment based on the premise that humans are goal-directed and inclined to obtain “goods.”

**In-test Phase** – The portion of the polygraph examination in which the Sex Offender submits to the actual polygraph examination.

**Instant Offense Examination** – A polygraph examination which is event specific, focusing on denial issues related to the circumstances of the sexual offense for which the offender is currently being supervised as a Sexual Offender.

**Lifetime Supervision** – Monitoring of an offender for the duration of his or her natural life when the offender has pled or been found guilty of a crime requiring lifetime supervision, as defined by state statute.

**Lifetime Supervision Violation** – Willful action, or inaction, which is prohibited by the supervision conditions established by the Court or Parole Board and which is also a law



violation as established in 575.206 RSMo (Violating a Condition of Lifetime Supervision, Class D Felony).

**Loiter** – To remain in an area for no obvious reason or purpose.

**Maintenance Polygraph Examination** – Exam to investigate either periodically or randomly the examinees compliance with any of the terms of probation or parole and treatment rules.

**Missouri Uniform Law Enforcement System (MULES)** – A criminal justice mainframe host computer located in Jefferson City, owned and operated by the State of Missouri, allowing access to other host systems.

**MoSOP** – The Missouri Sex Offender Program, a program of the Division of Offender Rehabilitation Services (DORS) specific to treatment, assessments and evaluations of incarcerated Sex Offenders.

**Nolo Contendere** – A plea in court to answer to a charge stating that the offender will not contest the charges, but neither admits guilt nor claims innocence. It is the equivalent of a guilty plea.

**Parole** – The discretionary release of an offender, whose term has not yet expired, with a required period of supervision.

**Penile Plethysmograph (PPG)** – An electronic device that produces data associated with the measurement of sexual arousal.

**Post-Test Phase** – The portion of the polygraph examination in which the polygraph examiner addresses concerns and/or issues resulting from the in-test phase and the submission of the report.

**Pre-Test Phase** – The initial portion of the polygraph examination in which the polygraph examiner provides the Sex Offender the procedures associated with the polygraph examination and an opportunity for the examiner to address questions and/or concerns of the Sex Offender.

**Private School** – A school, offering grades not higher than 12, established and controlled privately and supported by endowment and tuition. This does not include colleges/universities.

**Public School** – Includes all elementary and high schools operated by publicly elected or appointed school officials and which is supported primarily by public funds.

**Residential Facility** – A community based facility contracted by the Department for the housing of offenders and services, which may vary depending on facility.

**Risk-Needs-Responsivity Model (RNR)** – The risk principle is related to determining the appropriate intensity of treatment for the Sex Offender based on an assessment of

risk to re-offend. The need principle suggests that intervention services should be directed specifically toward criminogenic or dynamic risk factors. The responsivity principle indicates that to be effective, interventions must be directed specifically to an offender's cognitive abilities. (Carich and Mussack, 2014)

**“Rules and Regulations Governing the Conditions of Probation, Parole, and Conditional Release for Sex Offenders”** – Divisional booklet which addresses issues specifically related to Sex Offender supervision.

**Sex Offenders** – All persons under the supervision of the Division of Probation and Parole for offenses under Chapter 566 or any sex offense involving a child under Chapter 568 or 573 for which sexual treatment is mandated by state statute. Offenses prosecuted as “attempt” class cases also require sex offender supervision and treatment.

**Sex Offender Management Team (SMT)** – A team comprised of a core group that includes the Probation and Parole Officer, approved provider and polygraph examiner. There may be a reason to include extended team members that are unique to each case. The extended team members might include a MoSOP member, Department of Social Services worker, child abuse and neglect investigators, law enforcement, family members, approved sponsors, victim advocates, and victim's counselors.

**Sex Offense Monitoring Polygraph Examination**- Exam to explore the possibility that the examinee may have been involved in unlawful sexual behaviors including a sexual re-offense during a specific period of time. Other relevant questions dealing with behaviors related to probation and treatment compliance should not be included

**Sex Offender Registration** – Missouri Law requires persons convicted of specified sex crimes (RSMo 589.400) to register as sex offenders with the Chief Law Enforcement Official.

**Sex Offender Registration and Notification Act (SORNA)** – A federal law found in Title I of the Adam Walsh Child Protection and Safety Act of 2006. This act provides a comprehensive set of minimum standards for Sex Offender registration and notification in the United States. The act aims to close potential gaps and loopholes that existed under prior law and to strengthen the nationwide network of Sex Offender registration and notification programs.

1. A “Sex Offender” for the purpose of this act is an individual who was convicted of a sex offense.
2. The act defines a “sex offense” as including:
  - a. A criminal offense that has an element involving a sexual act or sexual contact with another, and
  - b. A criminal offense that is a specified offense against a minor, and
  - c. Attempts and conspiracies to commit these offenses.

3. The act excludes an offense involving consensual sexual contact:
  - a. If the victim was an adult (unless the adult was under custodial authority of the offender at the time of the offense), or
  - b. If the victim was at least 13 years old and the offender was not more than 4 years older than the victim.
4. The act requires registration for misdemeanor offenses.
5. The act requires registration for SIS convictions, including an SIS probation that was successfully discharged.

**Sex Offender Supervision Agreement** – A written agreement citing the specific conditions required of any offender meeting the criteria for Sex Offender supervision.

**Sex Offender Treatment** – A community based treatment program conducted by a department approved provider whose therapy is based on guidelines outlined by the Association for the Treatment of Sexual Abusers (ATSA).

**Sexual History Examination** – A polygraph examination that refers to the Sex Offender's lifetime history of victimizing others and the offender's sexual deviant behaviors prior to the offender's date of conviction, excluding the offense for which the Sex Offender is under supervision.

**Sexually Violent or Abusive Behavior** – Intentional physical, verbal, written or visual sexual conduct imposed upon another without their consent.

**Sexually Violent Predator**- Any person who suffers from a mental abnormality which makes the person more likely than not to engage in predatory acts of sexual violence if not confined in a secure facility and who:

- a) Has pled guilty or been found guilty in this state or any other jurisdiction, or been found not guilty by reason of mental disease or defect pursuant to section 552.030, of a sexually violent offense; or
- b) Has been committed as a criminal sexual psychopath pursuant to section 632.475 and statutes in effect before August 13, 1980.

**Sponsor/Chaperone** – An offender's acquaintance, family member, or significant other approved by the management team and who has completed an approved Sponsor Program conducted by an approved Community Sex Offender Treatment Provider. The sponsor is aware of the offender's crime, risk factors, and offense cycles, and oversees the offender's behavior during potentially high-risk situations.

**SORTS**- SORTS is an involuntary civil commitment program for the treatment of sexually violent predators. The goal of the SORTS Program is to provide research based treatment so that these individuals have the opportunity to successfully complete the program and receive Conditional Release from the courts. Working with these clients requires treatment providers to hold a belief

that all persons can change. The SORTS Program is at Southeast Missouri Mental Health Center in Farmington, Missouri and Fulton State Hospital in Fulton, Missouri.

**Stable Dynamic Risk Factors** – Risks of the Sex Offender that are relatively enduring but none the less changeable such as: intimacy deficits, pro-offending attitudes, pervasive anger, poor problem solving skills, and deviant sexual interests, etc.

**Supervision** – The monitoring and evaluation of an offender's performance by the Probation and Parole Officer.

**Treatment Compliance Specialist** – A licensed mental health professional who assists and supports the implementation of the Containment Model within Missouri Sex Offender Community Treatment. The Treatment Compliance Specialist consults with providers, explains expectations, observes groups to assure quality standards are being met, monitors providers' records to verify that adequate documentation is taking place, and serves as a liaison and resource person to assist therapy providers, supervising officers, polygraph examiners, Sex Offenders, and court officials.

**Violation** – Willful action, or inaction, which is prohibited by the supervision conditions established by the Court or Parole Board or monitoring conditions established by state statute.

# **Role and Responsibilities of the Probation and Parole Officer**

All Probation and Parole Officers follow Missouri Statutes and procedures of the Department of Corrections and the Division of Probation and Parole. General expectations with regard to supervision of Sex Offenders within the Containment Model include the following:

- Supervise Sex Offenders in conjunction with all established policies and procedures.
- Provide offenders with the complete and current list of all approved Community Sex Offender Treatment Providers.
- Communicate with Community Sex Offender Treatment Providers to verify Sex Offenders' compliance with treatment goals and conditions of Probation or Parole.
- Share with Providers any and all offender information and/or concerns that have a bearing on public safety and/or offender risk management.
- Send a referral form to the therapist on all offenders referred for treatment and/or a DSO evaluation.
- Schedule polygraph examinations and provide a polygraph referral form to the examiner that includes information from the therapists and type of examination.

Probation and Parole Officers complete an initial assessment of all Sex Offenders placed on supervision. The initial assessment includes a review of prior arrests and/or findings of guilt, home plan, significant others, social support networks, prior and/or current treatment/supervision and employment.

During the assessment of the home plan, the supervising officer determines risk factors and statutory requirements prior to occupancy. The ability to reside and register at an address is determined by statutory guidelines and the local registering authority.

In addition to Probation or Parole/Conditional Release Orders of supervision, all Sex Offenders, including Designated Sex Offenders and Interstate cases supervised as a Sex Offender, under the supervision of the Division of Probation and Parole, shall sign and abide by the Sex Offender Supervision Agreement. All offenders supervised as Sex Offenders will also be provided with the booklet, "Rules and Regulations Governing the Conditions of Probation, Parole, and Conditional Release for Sex Offenders."

During the initial interview, the supervising officer will provide the Approved Provider List to the Sex Offender to initiate treatment. The offender is responsible for selecting and contacting a treatment provider from the aforementioned list to initiate treatment services. Once the offender has selected the provider, the supervising officer will

forward a treatment referral form to the provider outlining information pertaining to the current offense and pertinent case material. If the offender requests an alternative provider after engaging in treatment, the Sex Offender Management Team must approve the request prior to making any change in the primary therapist. Refusal on the part of the offender to participate in treatment with an approved provider or a negative termination shall be considered a violation of supervision and the supervising officer will submit a Violation Report to the Court or Parole Board.

A component of the treatment process includes the utilization of the Clinical polygraph examination. The examination is a clinical tool used by the Management Team to adjust treatment goals and supervision plans. The polygraph examination shall be scheduled by the supervising officer with the contracted vendor. The type of examination and concerns of the Sex Offender Management Team shall be summarized on the Polygraph Referral Form and forwarded to the polygraph examiner prior to the examination date. The state approved Sexual History Booklet is provided to the Sex Offender prior to the examination date for all sexual history examinations.

If a Sex Offender is currently receiving on-going psychiatric treatment, excluding medication compliance monitoring, the supervising officer shall send the approved letter to the treating physician/therapist outlining the purpose of the polygraph and request a response to the letter. This response shall be communicated with the polygraph examiner.

The supervising officer and provider will review the results of the polygraph examination with the Sex Offender. The supervising officer will not provide a copy of the polygraph examination results to the offender. The supervising officer will follow policy/procedure for admission to violation of conditions of supervision obtained during the polygraph examination. The following shall be followed:

- Inconclusive or deceptive results alone cannot be used as a basis to substantiate a violation.
- Admissions by the offender during the exam process involving possible new law violations and/or victims shall immediately be referred to law enforcement authorities for investigation.
- If the supervising officer has reasonable cause to suspect a child has been or may be subjected to abuse or neglect, then the supervising officer shall immediately report this information to the Child Abuse Neglect Hotline (800-392-3738).

When a polygraph examination reveals a Sex Offender is not compliant with treatment or supervision conditions, is engaging in high risk behaviors or indicates deception, the Sex Offender Management Team should consult regarding treatment and supervision plan adjustments which may include:

- Increased level of supervision
- Curfew Restrictions
- Geographic Restrictions

- Electronic Monitoring
- Re-assessment of risk for treatment interventions

The Sex Offender Management Team shall make the decision with regard to re-test or follow-up examinations. The same type of examination cannot be administered more than three times annually.

# **Role and Responsibilities of the Community Sex Offender Treatment Provider**

Community Sex Offender Treatment Providers must be approved by the Department of Corrections as outlined in the Community Sex Offender Treatment Provider Standards. Consideration regarding being a Community Sex Offender Treatment Provider shall be forwarded to the Program Compliance Administrator. Community Sex Offender Treatment Providers offer evidence-based treatment services to the Sex Offenders who are being supervised by the Division of Probation and Parole. General expectations with regard to treatment of Sex Offenders within the Containment Model include the following:

- Credentialed mental health professional licensed to practice independently in the State of Missouri and have professional training and experience in working with Sex Offenders.
- Follow appropriate legal and ethical guidelines, including Association for the Treatment of Sexual Abuse (ATSA) ethics and standards of practice.
- Maintain stable evidence-based treatment procedures that allow for individualized treatment for all Sex Offenders.
- Provide assessments and/or evaluations based on valid and current assessment tools (verification of training/authorization and the current assessment tools shall be provided to the Treatment Compliance Specialist).
- Provide treatment on a weekly basis (with minimal exceptions). Group treatment is the preferred, however, individual treatment may be offered based on the assessment of the offender.
- Ensure all treatment groups are the same gender.
- Require Sex Offenders to complete all basic necessary treatment components based on risk and need before consideration is given to less intense treatment or successful discharge from treatment.
- Process polygraph examination results with the Sex Offender during treatment.
- Terminate offenders from treatment, in consultation with the supervising officer, who demonstrate an ongoing pattern of non-compliance with treatment, and work with the Probation and Parole Officer to develop a plan for community protection. Deceptive or Inconclusive polygraph results should not be the sole basis for termination from treatment.



- Provide attendance reports to the primary supervising Probation and Parole Officers on a weekly basis (typically immediately following group treatment).
- Provide written quarterly reports within two weeks of the end of the quarter to the supervising Probation and Parole Officer.
- Consistent sharing of emergent offender issues and situations related to risk and community safety with the offender's supervising officer within one working day.
- Consult with the supervising Probation and Parole Officer prior to recommending the offender's transfer to aftercare or release from treatment.
- Providers must notify the supervising Probation and Parole Officer of all offender absences from treatment within one working day.
- Provide offender completion or termination reports that include a degree of risk assessment for the community and recommendations for the supervising officer. These reports are due within ten calendar days of the discharge or completion of treatment.
- Notify the Treatment Compliance Specialist and Probation and Parole Officers of any changes in contact information, treatment group days/times/locations of services.
- Allow the Treatment Compliance Specialist to monitor therapy groups and review records for compliance with the expectations of the Department of Corrections.
- Notify the Treatment Compliance Specialist of the use of an alternate therapist prior to scheduled group. All alternates must be either an approved Community Sex Offender Treatment Provider or a Community Sex Offender Treatment Provider (Provisional).

Providers are expected to complete a formal written intake assessment. Documentation shall be maintained in the offender's treatment file. The intake assessment shall include the following:

- Thorough psychosocial assessment
- Complete sexual history
- An objective assessment, including both a static and dynamic assessment of risk to the community
- Prior treatment history

Each offender should have an Individualized Treatment Plan completed within 30 days of the intake assessment that includes treatment components as identified by intake assessment and ongoing treatment that includes the following:

- Specific offender problem(s) being addressed

- Specific and measurable goals
- Specific interventions which will be utilized to attain the goal
- Goals time specific and each goal has a target review/completion date
- Revised treatment plan reflecting goal completion and/or extension
- The offender's signature indicating that the plan has been discussed and agreed upon between the offender and therapist

Treatment plans should be reviewed and updated every six months.

A generic, photocopied "treatment plan" that is utilized with multiple offenders does not meet this requirement. A treatment plan must be individualized to address specific offender risks and goals.

Providers are expected to ensure offenders complete all treatment components identified in their treatment plans prior to discharge. The following components shall be addressed and documented prior to completing treatment:

- Development and implementation of a wraparound risk/safety network that is community based.
- An established social support system within the community.
- Development of compensatory strategies for offense cycles (both internal and external).
- Maintenance of Self-Regulation plan.
- Recognition of cognitive distortions.
- Recognition of lifestyle dynamics.
- Participated in treatment.
- An agreement of the Sex Offender Management Team.
- Documentation of risk reduction.
- Identified and addressed criminogenic needs.

Individual weekly notes are expected to be completed for each offender contact. Progress Reports should be completed on each offender every quarter and submitted to the Probation and Parole Officer summarizing treatment progress or lack of progress as related to the treatment plan. The Progress Report should include information about offender attendance, participation, and progress or lack of progress. Information relating to fees, outstanding financial balances, or other related risk should be included in the report.

Each provider is responsible for obtaining and filing signed releases from each offender that allows appropriate communication between the Probation and Parole Officer, the therapist, and any other appropriate parties, including the Treatment Compliance Specialists and Polygraph examiner.

The confidentiality agreement should include an acknowledgement that the Treatment

Compliance Specialists will observe groups. In addition, the release would explain the limits of confidentiality given the fact that treatment is either ordered or required by Missouri law. The confidentiality agreement may acknowledge that the Treatment Compliance Specialist will abide by confidentiality within the limits of professional practice, state statutes and Probation and Parole procedures.

If a therapist has reasonable cause to suspect a child has been or may be subjected to abuse or neglect, the provider shall immediately report this information Child Abuse Hotline. If an offender discloses information involving possible new law violations and or victims, the provider shall immediately notify the supervising officer.

A review of current legal research reveals a common law duty to warn third parties of potential threats to their safety as noted in *Tarasoff v. The Regents of the University of California in 1976*. The American Counseling Association Code of Ethics confidentiality may be waived to protect clients and/or others from serious or foreseeable harm. Counselors are permitted to consult with other professionals when there is doubt regarding a situation.

\*Sample forms are contained in the provider manual; however, if an approved provider has standardized forms all of the information contained in the sample forms must be included in the standardized forms.

Treatment Compliance Specialists will conduct annual site visits to observe groups and conduct audits to review compliances to the standards set out in the provider manual to include, but not limited to:

- Documentation of Continuing Education Units (CEUs) along with any Certificates in special training in treatment of Sex Offenders.
- Missouri licensure as a Psychologist, LPC or LCSW.
- Intake Assessment (includes narrative report and assessment instruments).
- Quarterly Progress Reports (detailed and specific to Treatment Plan progress).
- Monthly attendance and payment concerns.
- Polygraph Report.
- Weekly Notes (any contact with the offender and/or collateral contacts outside of treatment shall also be documented).
- Signed copy of confidentiality agreement.
- Signed copy of release for file review.
- Signed consent to treatment.
- Skilled based cognitive-behavioral approaches.
- Assessment tool for static/dynamic risk. (Assessment tools should be validated and reliable for population assessing).
- Intensity of treatment programming linked to risk level. (Risk,Need, Responsivity).
- Individualized treatment plans to areas linked to the individual's risk areas for offending that are signed and dated(Cryogenic Needs).
- Documentation of interventions when Offender presents with offending patterns.

- Focus on personal identity, increasing self-efficacy and approach goals.
- Development of compensatory strategies specific to offending pathways. (Both internal and external).
- Education on Basic Community Engagement Skills.
- Development of wrap-around risk management supports within the community.
- An agreement by the Sex Offender Management team on reduction of treatment and/or completion of treatment.

Providers must agree to comply with the aforementioned standards. Failure to abide by the standards set forth in this manual may result in a suspension of accepting new offenders, or the removal from the approved provider list and/or other actions as deemed appropriate by the Division of Probation and Parole. Providers who are not in private practice must agree to allow the owner of the agency to receive audit results.

## **Role and Responsibilities of the Community Sex Offender Treatment Provider (Provisional)**

Community Sex Offender Treatment Providers (Provisional) must be approved by the Department of Corrections as outlined in the Community Sex Offender Treatment Provider Standards (Provisional). Providers who are currently working towards obtaining the minimum hours of diagnostics and treatment of Sex Offenders may be considered as “provisionally approved” by completing a written agreement with an approved provider to include the following:

- The hours of face to face supervision focused on Sex Offender treatment and evaluation.
- The length of the supervision period.
- Type and frequency of supervision in individual and group setting.
- Number of required hours of co-facilitated treatment prior to conducting treatment without supervision.

The approved provider shall co-sign all treatment plans, evaluations and reports completed by the provisional provider. Hours of face to face supervision, co-facilitated treatment and facilitated treatment shall be maintained in a permanent file and shall be reviewed periodically by the Treatment Compliance Specialist. Provisional providers shall not provide any services not outlined in the written agreement.

The provisional provider applicant shall have completed a Master’s Degree and have been issued a Missouri License to practice under supervision of a Psychologist, LPC or LCSW.

Please note that the provider offering supervision must be in good standing with the Department. Submitting a request to be “provisionally approved” does not guarantee the request will be granted.

## **Role and Responsibilities of the Polygraph Examiner**

The polygraph examiner is a contracted vendor, professionally trained, responsible for conducting clinical, non-interrogative polygraph examinations for Sex Offenders supervised by the Board of Probation and Parole for the purposes of treatment, case management and risk reduction. The general expectations of the polygraph examiner include the following:

- Polygraph examiner(s), providing services under the Polygraph Contract, shall be approved by the state agency prior to providing services.
- Polygraph examiner(s) will maintain full membership with the American Polygraph Association while under contract with the State of Missouri.
- Polygraph examiner(s) will adhere to the By-Laws/Standards, Code of Ethics of both the American Polygraph Association as well as the Association for the Treatment of Sexual Abusers.
- Polygraph examiner(s) must have completed 40 hours of Post-Conviction Sex Offender Polygraph Examination Training (PCSOT), recognized and approved by the Missouri Department of Corrections.
- Polygraph examiner(s) will adhere to the Model Policy for Post-Conviction Sex Offender Testing as outlined by the American Polygraph Association (2018) <http://www.polygraph.org>.
- The polygraph examiner shall perform all polygraph examinations at designated sites, dates and times that are mutually agreed upon between the vendor and the state agency.
- The types of examinations that shall be available include sexual history, maintenance and sex offense monitoring. The supervising officer and Community Sex Offender Treatment Provider shall determine the type of examination.
- The polygraph examiner will communicate with supervising officer and treatment provider prior to the examination regarding any ongoing issues, concerns, or risks and incorporate those areas into the interview and/or examination.
- The polygraph examiner will immediately notify the supervising officer regarding any offender absences, uncooperative and/or seemingly evasive behaviors, incomplete tests, or payment issues.

- The examinations performed by the polygraph examiner shall consist of the pre-test phase, in-test phase and post-test phase.
- The examiner shall utilize recognized comparison question techniques for which there is evidence of validity and reliability involving the three question types outlined by the APA: Relevant, Control and Structure.
- Polygraph examiner(s) shall conduct each polygraph examination session to be a minimum of 90 minutes in duration from the start of the pre-test phase through the end of the post-test phase.
- The polygraph examiner shall not conduct more than five polygraph examinations in one day, with a maximum of three Sexual History Examinations per day.
- The polygraph examiner shall forward examination reports to the state agency, supervising officer, and treatment provider within 10 working days of the completion of the examination and to the Treatment Compliance Specialist if requested.
- If inaccuracies are located in the analysis, the polygraph examiner shall notify the state agency and treatment provider within three working days of discovery and provide a corrected analysis within seven working days of notification of the inaccurate analysis.
- The polygraph examiner shall share with supervising officers and treatment providers any information, ideas, or concerns regarding public safety/risk management.
- The polygraph examiner shall adhere to the guidelines of the State Contract.
- The polygraph examiner shall attend eight hours of cross trainings with therapists/officers.
- The polygraph examiner shall successfully complete 30 hours of continuing education credit every two-year period, 15 of those hours shall pertain to specialized Sex Offender polygraph training. Verification of training shall be forwarded to the Treatment Compliance Specialists.

# **Role and Responsibilities of the Treatment Compliance Specialist**

The Treatment Compliance Specialists are licensed mental health professionals who have training and experience in working with Sexual Offenders who are supervised by the Division of Probation and Parole. The Treatment Compliance Specialist will:

- Follow legal and ethical standards, including ATSA ethics and practice guidelines.
- Foster communication between and among treatment providers, Probation and Parole Officers, MoSOP staff and polygraph examiners.
- Facilitate smooth transition from the prison-based treatment programs to community-based Sex Offender treatment programs.
- Act as a liaison and resource person to all clinical service providers, supervising officers, law enforcement, Polygraphist, MoSOP staff, and court personnel as needed.
- Serve as the primary consultant and resource to Community Sex Offender Treatment Providers.
- Ensure community based treatment programs are consistent with the standards of the Division of Probation and Parole.
- Respect the independent practice of Community Sex Offender Treatment Providers and treat providers with common courtesy and professionalism.
- Perform annual audits of active files, observe treatment, and review/interview potential Provisional and Community Sex Offender Treatment Providers.
- Serve as a consultant and resource to Probation and Parole Officers to help maintain supervision and treatment components consistent with Division of Probation and Parole standards.
- Recognize and respect the professional duties and opinions of the Probation and Parole Officers.
- Mediate any disagreements between Probation and Parole Officers, Polygraph Examiners and Community Sex Offender Treatment Providers (refer to the Communication Ladder).
- Review polygraph reports and associated supervision/treatment interventions.



- Provide Sex Offender training.
- Maintain the confidentiality of offenders during observation of community treatment and file review.

# **Standards for Community Sex Offender Treatment**

The Department of Corrections expects all Community Sex Offender Treatment Providers to adhere to evidence based practice in the treatment of Sex Offenders. Research conducted about sex offending and how best to intervene with those who commit sexual offenses has proliferated over the past several decades. Thus, each provider should be familiar with and rely upon current research to inform their practice and treatment with Sex Offenders. In the past and unfortunately continuing in some venues even today, programs have used approaches that are intensively shame based and confrontational (Carich, Cameron, Young, & Parkins, 2013). This type of approach shall not be used in the treatment of Sex Offenders in the community.

All Community Sex Offender Treatment Providers shall abide by the Association for the Treatment of Sex Abuser's (ATSA) Practice Guidelines for the Assessment, Treatment, and Management of Male Adult Sexual Abusers adapted in 2014 and the ATSA Code of Ethics. Furthermore, all providers shall follow their professions ethical code of conduct and be familiar with and adhere to the corresponding Code of State Regulations.

Treatment providers should consider the following core clinical aspects of treatment in the delivery of treatment and the development of treatment plans:

- Use cognitive-behavioral approaches that are skill-based.
- Use assessment tool for static/dynamic risk. (Assessment tools should be validated and reliable for population assessing).
- Match intensity of treatment programming to risk level. (Risk, Need, Responsivity).
- Treatment plans are individualized to areas linked to the individual's risk areas for offending. (Cryogenic Needs).
- Intervention occurs when Offender presents with offending patterns.
- Focus on personal identity, increasing self-efficacy and approach goals.
- Compensatory strategies are developed to specific to offending pathways. (Both internal and external).
- Education on Basic Community Engagement Skills are developed.
- Develop wrap-around risk management supports within the community.

To ensure treatment targets are properly identified, all Community Treatment Providers should utilize a static (Static 99R, VASOR) and dynamic (Stable 2007, SOTIPS) risk assessment tool to estimate and identify risk factors. This is considered part of the Assessment phase.

Sex Offenders with Intellectual Disabilities

In 2014 ATSA published a document, Assessment, Treatment, and Supervision of Individuals with Intellectual Disabilities and Problematic Sexual Behaviors. The document offers guidelines that are designed to lead to effective assessment and treatment of individuals with intellectual disabilities who have demonstrated problematic sexual behaviors in the community. This document has been provided to all community providers so it is expected that community providers will adhere to the practice guidelines contained in the document.

# **Sex Offender Assessment and Treatment for Females**

Research regarding male Sex Offenders has proliferated over the last several decades. However, that is not the case with respect to female Sex Offenders. In fact, according to Gannon and Cortoni (2010) if research regarding male Sex Offenders is in its adolescence then research on female offenders is in its infancy. Consequently, most of those who treat female Sex Offenders have continued to apply models of treatment developed for male Sex Offenders to female Sex Offenders.

In the last several years, research on female Sex Offenders, has finally begun to offer information to guide the assessment and treatment of females. As Sex Offender treatment providers in the community assess and treat female Sex Offenders, it is imperative to learn and apply the most current research findings. One thing that has been made clear in a majority of the literature is that simply transferring the knowledge from male to female Sex Offenders is not appropriate nor is it appropriate to mix male and female Sex Offenders in groups. (Gannon & Cortoni, 2010)

## **Assessment**

At present, there are no validated actuarial instruments to assess either static or dynamic risk for women. In fact, there is a lack of validated risk factors for females, much less instruments to rely upon. This is because there are no females in the samples used to compile the risk factors for any of the existing instruments. There is not adequate data to determine which risk factors apply to females who recidivate since the number of females who do so is very low. However, there is data to suggest that the individual static and dynamic factors that have been shown to relate to male Sex Offenders specifically DO NOT relate to the small samples of women who have sexually re-offended. Since it is known that females are more likely to recidivate non-sexually, tools to assess general non-sex offending risk in females should be used, supplemented with research based clinical judgment around areas specific to female sex offending to evaluate risk (Gannon & Cortoni, 2010, chap. 6). Though not empirically validated, the following are some potential risk factors that have been offered in the literature as being possibly predictive of recidivism for female Sex Offenders:

## **Static**

- Prior child abuse offenses of any type (i.e., Child Endangerment, Neglect, etc.).
- Solo offending (without a partner facilitating or encouraging the offense).
- Number of prior arrests for sex offenses (similar to Static Factor).

## **Dynamic**

- Denial or minimization of offending behavior.
- Distorted cognitions about sex offending and abuse in general.
- Problematic relationships and intimacy deficits.
- Use of sex to regulate emotional states or fulfill intimacy needs.
- Presence and extent of anti-social attitudes.
- Anti-social associates.
- Substance Use as a pre-cursor.

Providers should consider the above risk factors for female Sex Offenders in their assessments. Additionally, "... assessment of a female Sex Offender should follow the accepted practices in the general offender literature and include dispositional factors such as: antisocial personality characteristics, historical factors including factors such as adverse developmental experiences and prior criminal history, contextual elements including details and circumstances of the offenses, social network and support, and personal life circumstances (e.g. marital and parental status, educational, work and social functioning), and clinical factors such as presence of mental health issues or substance abuse issues." (Gannon & Cortoni, 2010, P.94). Exploration of these areas along with static and dynamic risk factors will not only clarify the woman's individual personal circumstances, but also the likely pathway to the offending. The provider must understand that while male and female Sex Offenders share some of the same characteristics, they are manifested entirely differently in female Sex Offenders (Gannon & Cortoni, 2010, Chap. 6). No assessment instrument should be used in the Assessment/Evaluation of female Sex Offenders unless it has been validated on the female population. The literature also suggests evaluators use a risk instrument tool that has been validated to assess general risk of recidivism among women.

## **Treatment**

Treatment of female Sex Offenders should be individualized and offered in a gender responsive and supportive milieu. Thus, female Sex Offenders should not participate in mixed gendered groups with males. If there are not enough females for a group then females should be engaged in individual treatment with a focus on their sex offending behavior and perhaps mental health treatment as well.

Treatment should focus on the following areas:

- Offense-Supportive Cognitions
- Deviant Sexual Interests
- Empathy
- Social and Sexual Relationships
- Coping Skills
- Mental Health/Substance Abuse Difficulties
- Male Coercion/Dependency
- Prior Victimization

While some of the above treatment areas are similar to treatment areas that are the focus for male Sex Offenders the provider should have a thorough understanding of how these areas relate to female Sex Offenders as there are many areas of divergence. It should be noted that similar behaviors do not constitute similar treatment needs. It is imperative for community providers to have advanced knowledge of the assessment and treatment of female Sex Offenders based on the most current research, otherwise there will be a tendency to continue using male models to inform the treatment of women which risks damaging the therapeutic relationship and limiting the effectiveness of treatment. (Gannon & Cortoni, 2010)

It was recently suggested on the ATSA List Serve that the book, *Female Sex Offenders: Theory, Assessment, & Treatment*, (edited by Theresa A. Gannon & Franca Cortoni 2010) offers the most comprehensive review of research on female Sex Offenders available.

In fact, the information contained herein, is based in large part on their book. In keeping with the Department of Corrections' commitment to evidence based practice, expectations for the assessment and treatment of female Sex Offenders will be consistent with the information in the above book and the ATSA Guidelines for Practice. In accordance with the various ethical codes of psychologist, counselors, and social workers, providers will not practice outside their area of expertise, without gaining the necessary advanced knowledge.

# **Minimum Standards for Sex Offender Sponsor Programs**

It is well established in literature that development of a social support system in the community can effectively reduce the risk for Sex Offenders to re-offend. Further, establishing specific individuals to serve as a "sponsor" for offenders can increase the effectiveness of managing a Sex Offender's risk in the community. There are multiple providers in the community who provide various types of programs to prepare individuals to serve as a sponsor. Once the sponsor has completed a program they may then physically accompany the offender while providing behavioral monitoring and support which allows the offender to develop a more comprehensive safety plan for attending community functions and/or family events, especially in situations where contact with any person 16 or under or incapacitated people may be present.

It is important that programs for sponsors be consistent with respect to program components and approval of the sponsor by the Sex Offender Management Team (SMT). Therefore, the Department of Corrections has established the following guidelines for sponsor programs in Missouri.

## **Disqualifications for an Approved Sponsor**

Prior to allowing a person to begin the approval process, the SMT shall ensure that none of the following apply:

- Currently under the jurisdiction/supervision of any court or criminal justice agency.
- Prior convictions for Unlawful Sexual Behavior as defined by Missouri State Statute.
- Significant cognitive or intellectual impairment.
- Physical, emotional or behavioral limitations that interfere with the performance of their role.
- Past or present victimization by the offender with Domestic Violence or any other form of abuse to the sponsor.

## **Qualifications of an Approved Sponsor**

Prior to providing approval of sponsor(s) the SMT shall verify the following:

- Prior approval as a sponsor candidate by the SMT.
- Has adequately addressed any issues regarding personal history of victimization.
- Supports intervention efforts of Probation and Parole.

- Willing to maintain open communication with the Probation and Parole Officer and report relevant offender behavior.
- Willing to maintain protections of minor children and incapacitated persons as the highest priority and believes this outweighs any offender or family interest.
- Demonstrates empathy for the offender's victims.
- Does not deny or minimize the offender's responsibility or the seriousness of sexual offending.
- Agrees to participate in a program with the Sex Offender Treatment Provider who the offender is in treatment with, or in the event the provider does not have a Sponsor Program, will participate in a program with the closest provider who has a program. The primary provider shall make a referral to an approved provider who conducts a Sponsor Program.
- Acknowledgement of the offender's sexual offense, victim, the offender's risk factors and communicates the belief the offender should be held accountable for their sexual offense.

### **Minimum Requirements for Sponsor**

All Sex Offender Treatment Providers who offer a sponsor training program shall ensure that the program is of sufficient duration for potential sponsors to learn, process and internalize information about risk and safety. This typically takes a minimum of eight hours.

Once the potential sponsor has completed the program, the provider will submit a report to the supervising Probation and Parole Officer with a recommendation for approval or disapproval. If provider is not the primary therapist, the provider shall include information from the primary therapist in the recommendation regarding approval or disapproval. The sponsor may not begin to serve as a sponsor until final approval is obtained.

### **The Sex Offender Treatment Provider shall ensure that the Approved Sponsor demonstrates understanding of the following Information:**

- The underlying factual basis of the present offense(s).
- The offender's thorough disclosure of the offense and acceptance of all responsibility.
- The offender's complete and verifiable sexual history disclosure.



- What constitutes sexual offending and other abusive behavior and the ongoing risk the offender presents, particularly to children under the age of 16 or incapacitated people.
- The offender's risk factors, deviant sexual arousal patterns, offense cycle, pathways and grooming behaviors.
- Offender treatment progress and offender risk are variable over time.
- Any offender mental health issues without making excuses for their behavior.
- The offender's community supervision conditions, including treatment expectations and any rules governing potential contact.
- The offender's requirement to provide the SMT with a written safety plan for supervised contact.
- Any offender history of Domestic Violence and risk to their partner or to other family members.
- Offender's potential ability to manipulate the approved sponsor.

**The treatment provider shall develop a written contract that is signed by the SMT, the Approved Sponsor, Primary Therapist, and the Offender. The contract shall require that the Approved Sponsor:**

- Not consume alcohol or mind-altering substances while functioning as a sponsor.
- Maintain confidentiality regarding victim information.
- Ensure compliance with all rules as specified by SMT.
- Only allow contact with children under the age of 16, or incapacitated persons approved by the SMT.
- Never leave offender alone with a minor or victim and always be within sight and sound of the offender and the minor/victim during contact.
- Intervene when high risk situations or behaviors occur by immediately terminating contact or leaving the high risk situation or environment (i.e. church, fair, etc) and reporting concerns to the SMT.
- Report any safety issues including Domestic Violence or violence toward family members or threats of abuse or violence toward the approved sponsor.
- Maintain open and honest communication with the SMT:
  - Regularly report offender's relevant behaviors and attitudes

- Meet with SMT as requested
- Provide documentation of contacts
- Express any concerns to the SMT regarding the offender's non-compliance with the contract, supervision conditions, and treatment conditions

**The following shall be specified in the written Approved Sponsor contract:**

- Abide by the offender's approved safety plan for contact.
- If the approved sponsor is not in compliance with all of the requirements, the SMT may discontinue or modify and contact privileges or the approval status of the approved sponsor.

# **Missouri Sex Offender Program (MoSOP)**

The Missouri Sex Offender Program (MoSOP) in the Department of Corrections provides Sex Offender-specific treatment programming, Sex Offender assessment for court sentencing, and evaluation and referrals for Sexually Violent Predators. Chapter 589, Section 589.040 of the Missouri Revised Statutes indicates the following:

- The director of the Department of Corrections shall develop a program of treatment, education and rehabilitation for all imprisoned offenders who are serving sentences for sexual assault offenses. When developing such programs, the ultimate goal shall be the prevention of future sexual assaults by the participants in such programs, and the director shall utilize those concepts, services, programs, projects, facilities and other resources designed to achieve this goal.
- All persons imprisoned by the Department of Corrections for sexual assault offense shall be required to successfully complete the programs developed pursuant to the aforementioned subsection prior to being eligible for parole or conditional release.

Male Sex Offenders receive treatment at the Farmington Correctional Center; treatment for female Sex Offenders is at the Women's Eastern Reception and Diagnostic Center at Vandalia. Some programming (non-English speaking, special needs, etc.) takes place at other institutions across the state. MoSOP applies only to the DOC's institutional Sex Offender programming and should not be used to describe or represent community Sex Offender treatment.

MoSOP utilizes a variety of therapeutic techniques and interventions to individualize treatment and reduce offenders' risk to reoffend. Offenders are assessed for static and dynamic risk, presence of psychopathy, and other factors and their treatment goals are individualized and reviewed accordingly.

All MoSOP participants have a primary therapist and also work with other clinicians, support staff, and case managers. In order to promote continuity of care as well as collaborative risk reduction, MoSOP staff should be considered team members in the "Containment Model" of offender treatment and supervision. Treatment history, institutional adjustment, conduct violations, and other data provide valuable information in treatment planning, risk assessment, and supervision. Likewise, community treatment information or supervision history will be valuable for the MoSOP provider if the offender is returned on a new charge or revocation.

## **Collaboration with MoSOP**

An offender's work in MoSOP should be considered and evaluated when they continue treatment in the community. Since many MoSOP components are also required in community treatment, an offender's previous success or lack thereof should be taken into account. Further, to help offenders internalize the concepts of "approach goals" and establishing better lives, treatment components successfully completed in MoSOP

should apply toward community treatment requirements if acceptable or revised as needed following consultation with the MoSOP therapist. Disregarding previous progress or therapeutic accomplishments can result in over-treating the offender or inaccurately addressing treatment needs, which, research shows, can actually increase risk to reoffend.

Similarly, the offender may have completed all treatment requirements, but may continue to exhibit significant risks or thinking errors that should be addressed in community treatment. Finally, refusals, terminations, or other institutional behavioral issues will be valuable information in community treatment and supervision planning. Again, consultation with the MoSOP therapist supports the Containment Model, continuity of care, and public safety.

As part of their participation in community treatment and supervision, offenders should expect to sign a Release of Information (ROI) permitting communication and sharing of records with MoSOP. Questions regarding treatment, program participation, institutional behavior, or other issues should be addressed with the offender's primary therapist. If unknown or unavailable, MoSOP staff can provide the name of an appropriate contact. The offender's completion summary or Participation and Examination (P&E) report is the document most commonly requested by community providers. Other reports may be shared as appropriate and following a discussion with the primary therapist or MoSOP staff; however, community therapists should not request or expect to receive a complete copy of an offender's MoSOP file. If available electronically, documents may be shared via encrypted email; if not, they may be faxed or mailed, depending on MoSOP staff availability or other administrative requirements. The steps to initiating communication or requesting information are as follows:

- Offender signs ROI permitting community provider to contact and request records from MoSOP.
- Community provider faxes signed ROI to MoSOP, (573) 218-7103, stating their request and providing contact information.
- If requesting the offender's P&E Report or other electronically accessible documents, this will be emailed directly to the community provider.

Other questions or follow-up should be addressed to:

- Farmington Correctional Center  
1012 West Columbia St.  
Farmington, MO 63640  
(573) 218-7100  
Fax: (573) 218-7103

# **Sex Offender Assessment Unit (SOAU)**

## **Description:**

The Sex Offender Assessment Unit (SOAU) provides an intensive assessment in order to determine the nature and extent of psychopathology, risk for reoffending and psychological treatment needs of sex offenders.

The SOAU prepares a report assessing the risk an offender poses to the community and the offender's amenability to treatment within a community setting to assist the Court in making a decision whether to release the offender back to the community. The SOAU report provided to the Court will include:

1. A general assessment of mental and emotional health.
2. Determination of probable risk to others in the community.
3. Assessment of the offender's motivation for treatment and change.
4. Recommendation: The recommendation will focus on the potential risk to others and whether that risk can be most effectively dealt with in the community or in a correctional setting. It is expected that any sex offender considered appropriate for release on probation will be required to participate in sex offender specific treatment while serving probation.

## **SOAU Eligibility:**

- Offenders must be convicted of a sexual offense as defined in RSMo 589.015, 566, 568 or 573.
- Offenders must be sentenced pursuant to RSMo 559.115, with recommended placement in the Sex Offender Assessment Unit indicated on the Sentence and Judgment.
- Sentencing Assessment Report must have been completed in reference to the present offense.
- Male and female offenders are eligible.
- Offenders who entered an Alford Plea are not eligible.
- Offenders who have an appeal pending are not eligible.
- Offenders convicted of offenses for which there are statutory prohibitions that do not allow the Court to grant probation are not eligible.
- Offenders with serious health or mental health conditions which cannot be reasonably accommodated or which would prevent them from being assessed are not eligible.
- Offenders convicted of the following offenses are not eligible pursuant to RSMo 559.115: Murder II, Forcible Rape 1st Degree, Statutory Rape 1st Degree, Forcible Sodomy 1st Degree, Statutory Sodomy 1<sup>st</sup> Degree, Child Molestation 1st Degree (Class A felony), and Abuse of a Child (when injuries result in death of the child).
- Offenders convicted of an attempt to commit a sex offense are eligible.
- Offenders found to be predatory sexual offenders are not eligible.

## **Referral to SOAU:**

An order from the Court with the stipulation the offender is sentenced under RSMo 559.115 with placement at the Sex Offender Assessment Unit.

## **Designated Sex Offender Evaluations (DSO)**

The Division of Probation and Parole may request an independent evaluation for the purpose of determining whether or not an offender is in need of Sex Offender treatment. If the supervising field or institutional officer's initial assessment indicates that the offender meets any of the criteria noted below, then the officer will request an order from the supervising Court or Parole Board to refer the offender for a professional Sex Offender evaluation through an approved provider.

- Prior finding of guilt for a sexual offense,
- Sexually violent or abusive behavior is an element of the underlying crime of the current finding of guilt,
- Sexually violent or abusive behavior was an element of the underlying crime of a prior finding of guilt ,
- Original charge in current finding of guilt was for a sexual offense, or
- Offender admits sexually violent or abusive behavior to a DOC employee.

The provider should utilize instruments necessary to address the referral question in a manner consistent with professional and ethical standards and expectations. A polygraph examination shall not be used as one of the instruments during the evaluation. This includes the following:

- Reason for referral,
- Summary of charges/allegations, including any reports from the criminal record, Probation and Parole Officer, etc.,
- Psychosocial history, including education, work history, substance history
- Clinical interview,
- A measure of static risk factors (VASOR., Static-99R), and
- At least one measure of personality and/or psychopathy (MMPI, MCMI, PAI, HARE-PCL).

The report should include a discussion of all data supporting the provider's conclusion, - data not supporting the conclusion, and the rationale for the recommendations being made. These reports are due in Probation and Parole offices within 60 calendar days of the last meeting with the offender that was necessary to complete the report.

If the professional evaluation recommends Sex Offender treatment, then the officer will proceed as follows:

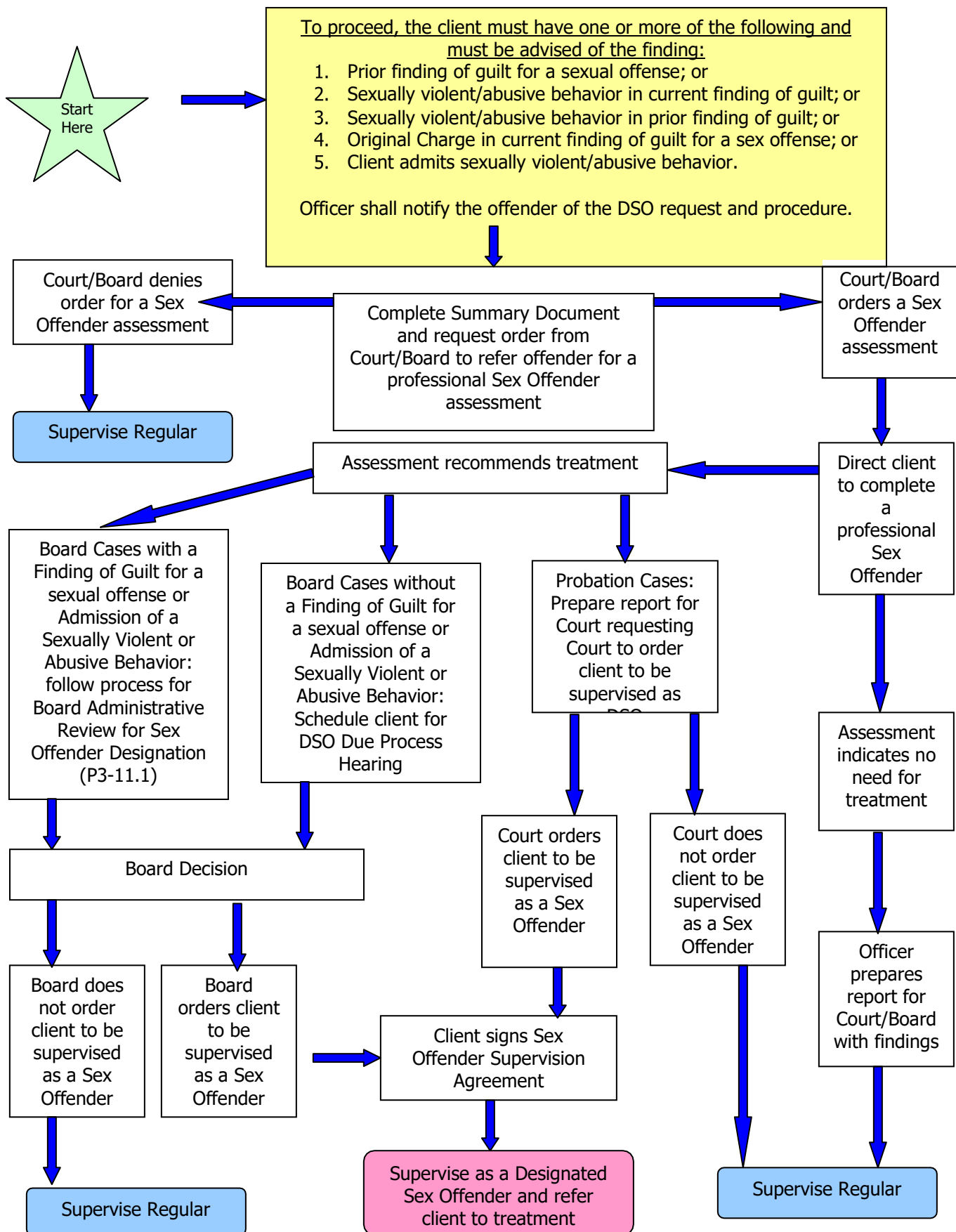
- Probation cases – the officer will prepare a report requesting the Court to order the offender to be supervised as a Sex Offender.
- Parole Board cases- Absent a finding of guilt for a sexual offense or absent an admission to sexually violent or abusive behavior to a DOC employee, the officer will schedule the offender for a Due Process Hearing for Sex Offender Designation. The client may waive the hearing by completing the waiver.

If the offender has a finding of guilt or admission of a sexual offense to a DOC

employee, the offender shall be referred for a Board Administrative Review for Sex Offender Designation.

If the evaluation indicates no need for treatment, then the officer will prepare a report advising the Court or Parole Board. If the offender is ordered to be supervised as a Sex Offender by the Court or Parole Board, the offender will be supervised as a Sex Offender. The offender will sign the Sex Offender Supervision Agreement and be referred to Sex Offender treatment. Once the Sex Offender designation has occurred the offender will be supervised as a Sex Offender throughout the term of supervision, unless the Sex Offender designation is later waived by the Court or Parole Board.

If the Court or Parole Board does not authorize Sex Offender supervision, then the offender will not be supervised as a Sex Offender. However, this does not preclude the officer from such future recommendations if the offender's behavior and/or presenting risk factors warrant such action. The DSO flowchart (page 39) demonstrates the procedure required for Sex Offender evaluations and subsequent Sex Offender designation.



8/16/2017



# **Lifetime Supervision**

Sex Offenders under Lifetime Supervision shall be supervised according to existing Policy and Procedure and placed on GPS for the duration of their natural life, unless an early discharge is granted by the Parole Board or sentencing court. Missouri lifetime supervision requirements apply only to Missouri offenders. Chapter 217, Section 217.735, of the Missouri Revised Statutes indicates the following:

- Notwithstanding any other provision of law to the contrary, the board shall supervise an offender for the duration of his or her natural life when the offender has been found guilty of an offense under Section 566.030, 566.032, 566.060, 566.062, 566.067, 566.083, 566.100, 566.151, 566.212, 566.213, 568.020, 568.080, or 568.090 based on an act committed on or after August 28, 2006; or
- Section 566.068, 566.069, 566.210, 566.211, 573.200, or 573.205 based on an act committed on or after January 1, 2017, against a victim who was less than fourteen years old and the offender is a prior sex offender as defined in subsection 2 of this section.
- For the purpose of this section, a prior Sex Offender is a person who has previously pleaded guilty to or been found guilty of an offense contained in chapter 566 or violating section 568.020 when the person had sexual intercourse or deviate sexual intercourse with the victim, or violating subdivision (2) of subsection 1 of section 568.045.
- Subsection 1 of this section applies to offenders who have been granted probation, and to offenders who have been released on parole, conditional release, or upon serving their full sentence without early release. Supervision of an offender who was released after serving his or her full sentence will be considered as supervision on parole.
- A mandatory condition of lifetime supervision of an offender under this section is that the offender be electronically monitored. Electronic monitoring shall be based on a global positioning system or other technology that identifies and records the offender's location at all times.
- In appropriate cases as determined by a risk assessment, the board may terminate the supervision of an offender who is being supervised under this section when the offender is sixty-five years of age or older.
- In accordance with section 217.040, the board may adopt rules relating to supervision and electronic monitoring of offenders under this section.

Lifetime Supervision consists of active supervision phase and monitoring phase. While on active supervision, Lifetime Supervision offenders must abide by the conditions imposed by the Court or Parole Board and the Lifetime Supervision Statute. Offenders on discharged supervision abide by the Lifetime Supervision Statute for monitoring. Discharged Lifetime Sex Offenders are monitored for GPS requirements.

When a Sex Offender ordered to Lifetime Supervision reaches 65 years of age, and annually thereafter, a report with a recommendation relative to an early discharge will be completed by the supervising officer. The report will focus on risk assessment, as outlined in the initial assessment of Sex Offenders.

# **Probation and Parole Interpreter Contract**

## **Purchasing Guideline**

The State of Missouri establishes contracts annually for Language Interpreter-Verbal and Sign Language. Probation and Parole only procures sign and language interpreter services for those activities required of the offender and directly provided by the agency (i.e. office visits, mandatory programming provided by this agency such as Sex Offender treatment, polygraphs, etc.).

- With the two-hour minimum for interpretation services, it is appropriate to schedule the office visit in conjunction with other required counseling services, contracted or non-contracted.

Prior to scheduling this service, complete the Interpreter Request Form and forward to Central Office Accounting Unit. The form must include the type of services needed, the date and time the service is needed, the name of the offender and officer needing the service, and description of the why the service is needed, (i.e., office visit). Please keep the following in mind:

- Review Sections Performance Requirements and State Agency Requirements..
- Order Master Level for Sign Language or Specialized for Verbal Language interpretation for anyone that is incarcerated in prison or jail.
- Order Advanced Level for Sign Language or Non-Specialized for Non Verbal interpretation for discussions in the office in regard to medical, legal, treatment, etc.
- Appointments should be made during regular work hours if at all possible.
- Appointments must be arranged and cancelled prior to 24 hours before the required date to avoid an emergency fee. Therefore, the form must be emailed to Kathy Vaught at least 3 working days before the appointment.
- Emergency needs will be handled as quickly as possible.
- Once Central Office has confirmed approval of the form and provided a Purchase Order number, an appointment can be scheduled with the vendor.
- All invoices will be submitted to Central Office and will be forwarded to the District office to validate services received.

## NON CONTRACTED SERVICE OPTIONS – TELEPHONIC LANGUAGE INTERPRETATION

Several of the vendors on the state contract also provide additional services for language interpretation over the telephone at reduced rates.

- Relay Missouri is a free service for deaf, hard of hearing or speech impaired. Trained relay agents are online electronically over a Text Telephone (TTY) or verbally for hearing parties. Dial 711 or 800-735-2966 (TTY) or Dial 711 or 866-735-2460 (Voice). The offender will have to have a TTY phone on their end.
- The same purchasing procedures will apply.

Department of Mental Health also provides services including a Crisis hotline, for the deaf which is outlined at <http://dmh.mo.gov/deafsvcs/index.htm>. For more general information and resources related to Deafness in the state of Missouri, the Missouri Commission for the Deaf and Hard of Hearing website and contact information can be found at <http://www.mcdhh.mo.gov>.

## **Initial Treatment Plan**

Provider Name/Agency:

Date of Plan:

Offender Name and DOC:

Problem:

Target Date:

Objective:

Objective:

Goal:

Target Date:

Provider Signature

Date

Offender Signature (I participated in the creation of this Treatment Plan)

Date

## **Revised Treatment Plan**

Provider Name/Agency:

Date of Plan:

Offender Name and DOC:

Problem:

Status:

Objective:

Objective:

Goal:

Target Date:

Problem:

Status:

Objective:

Objective:

Goal:

Target Date:

Provider Signature

Date

Offender Signature (I participated in the creation of this Treatment Plan.)

Date

## Weekly Treatment Note

Provider Name/Agency:

Date of Session:

Offender Name and DOC:

Participation:

Home Work Assigned/Completed:

Topic(s) Discussed/Home Work Presented:

Progress Assessment/Contributory Factors:

Plan (i.e. Tx plan revision, interventions to address identified barriers to progress, step down etc.):

Attendance/Financial Accountability (i.e. late arrivals, no shows, current on fees/late on fees):

# Progress Report

Offender Name	DOC #	Date
Provider/Agency	Reporting Month	Tx Plan/Revision Date

What goals were addressed in treatment during this report interval?

Were there any obstacles/barriers to treatment reported/observed?

What do you anticipate will be addressed during the next reporting period?

What if anything can the officer do to enhance treatment progress?

Please describe offender progress/attendance/payment history this period.

Any referrals made? (internal/external) Do you have any concerns you like to communicate to the officer?

Provider Signature

Date



## **Confidentiality Agreements/Limitations, Group Monitoring, and File Review Advisement**

Information you provide in group is subject to the following:

Offenders are expected to preserve the confidentiality of group members, including identity and information disclosed in sessions. In other words, what is seen and said in group stays in group. No offender will disclose any information about the identity or revelations of group members to any individual outside the group setting. \*

All offenders need to be aware that files maintained by therapists are subject to periodic review by a Treatment Compliance Specialist or designee employed by the Missouri Department of Corrections. In addition, said individuals may sporadically monitor group sessions for the purpose of quality control. However, specialists, designees, and/or DOC staff are bound to protect the confidentiality of offenders within the limits of professional practice, state statutes, and DOC procedures. Further, therapists are subject to file disclosure if and when ordered to do so by the Court through issuance of a Court Order.

All offenders must also be aware that therapists are obligated to share any and all information deemed necessary and relevant to each individual and their progress with Supervising Officers and Polygraph Examiners.

All offenders will expect therapists to disclose any and all information suggestive that an individual is a danger to themselves and or others (Tarasoff v. Regents of the University of California, 1976). This limitation is also inclusive of known or suspected child abuse and/or neglect and elder abuse and/or neglect.

I have been informed of and agreed to all of the above and have had the opportunity to thoroughly discuss this agreement with my therapist.

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Offender Signature

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Date

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Witness

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Date

\*With exception of threat to self and/or others.

# **Missouri Division of Probation and Parole**

## **Sex Offender Sponsor Agreement**

**Offender's Name:** \_\_\_\_\_ **DOC** \_\_\_\_\_

**As the Sponsor I am aware of and agree to the following:**

1. Offenders are prohibited from any place identified in the Missouri Probation and Parole Sex Offender Supervision Agreement without an approved Sponsor.
2. As the Sponsor I must be willing and able to hold the offender accountable to treatment guidelines and conditions of Probation and Parole.
3. As the Sponsor I must be willing to report any problems or concerns to the offender's supervising Probation and Parole Officer.
4. My approval as a Sponsor is for specific, individual activities only as approved in writing by the supervising Probation and Parole Officer. Offenders are not allowed to go to prohibited areas or activities with a Sponsor unless a safety plan has been approved by the Sex Offender Management Team.
5. As the Sponsor I will not consume alcohol or mind-altering substances while functioning as a Sponsor.
6. Confidentiality of victim information must be maintained.
7. As the Sponsor I will only allow contact with children under the age of 16, or incapacitated persons approved by the Sex Offender Management Team (SMT).
8. As the Sponsor, I will never leave the offender alone with a minor or victim and will always be within sight and sound of the offender and the minor/victim during contact.
9. I will abide by each offender's approved safety plans for contact with minors.
10. I will notify the Sex Offender Management Team when high risk situations or behaviors occur. I will encourage the offender to immediately terminate contact or leave the high risk situation.
11. I will report any safety issues including Domestic Violence or violence toward family members or threats of abuse or violence toward me as the approved Sponsor.
12. I will maintain open and honest communication with the SMT:
  - Regularly report offender's relevant behaviors and attitudes.
  - Meet with SMT as requested.

- Provide documentation of contact.
- Express any concerns to the SMT regarding the offender's non-compliance with the contract, supervision conditions, and treatment conditions.

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**Proposed Sponsor's Statement of Agreement**

I have read or have had this agreement read to me and I agree to the above guidelines as written and as verbally explained to me. I am aware that upon being approved to be a Sponsor if I do not abide by these guidelines, my Sponsor status may be immediately revoked.

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Proposed Sponsor's Printed Name

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Proposed Sponsor's Signature

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Date**Witnesses (as applicable)**

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Offender, Printed Name

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Offender Signature

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Date

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Probation and Parole Officer, Printed Name

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Probation and Parole Officer Signature

---

Date

---

Treatment Provider's Printed Name

---

Treatment Provider's Signature

---

Date

## Sex Offender Evaluation Form

Offender Name:		DOC:	
Date of Birth:		Age:	
Dates of Evaluation:			
Date of Report:			
Referred By:		Required To Register:	
District Office:		Phone:	
Probation:	Parole/Conditional Release:	Discretionary:	Risk:
PURPOSE OF EVALUATION:			
BEHAVIORAL OBSERVATIONS:			
CLINICAL INTERVIEW:			
Presenting Problem(s):			
Current Offense:			
Sentence:			
Circumstances:			
Expiration Date:			
Sexual Offense(s):			
Year/Number of sex conviction(s):			
Relationship to Victim:			

Prior Charges:	Required to Register:
Prior Conviction(s):	Age & sex of victim(s):
Circumstances of Prior Charges/Convictions:	
Sentence:	
Completion:	
Sex Offender Treatment:	Inpatient:
	Outpatient:
Provider:	
RELATIONSHIPS:	
Parents:	
Marriages:	
Children:	
Other Relationships/Significant Others:	
EDUCATION/EMPLOYMENT HISTORY:	
ALCOHOL/DRUG HISTORY:	
PSYCHIATRIC HISTORY:	
MEDICAL ISSUES HISTORY:	
ASSESSMENT PROCEDURES/INSTRUMENTS:	

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**TEST RESULTS:**

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**INFLUENCING FACTORS:**

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	Positive	Negative
Years Since Offense		
Violence in Offense		
Number of Sexual Assaults		
Number of Convictions		
Number of Accusations		
Victim Known to Offender		
Number of Victims		
Blames Victim		
Ongoing or Short-term		
Admits to Offense		
Plausible Denial of Circumstances		
Completed Inpatient Tx		
Completed Outpatient Tx		
Compliance on Supervision		
Deviate Fantasy Indications		

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Notes or Observations that may influence Evaluation Results:

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**SUMMARY:**

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RECOMMENDATION(S):

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Provider/Credentials

# **Requirements for Approved Providers**

## **I. YES NO**

- ☐ ☐ Graduate degree in behavioral health or social sciences from a fully accredited college or university.
- ☐ ☐ Resume/Vitae.
- ☐ ☐ Provide documentation of Continuing Education Units (CEU) along with any certificates in special training in treatment of Sex Offenders.
- ☐ ☐ A minimum of 500 hours providing diagnostics and treatment to sexual abusers while under supervision. This would be before seeing DOC offenders in solo practice.
- ☐ ☐ Missouri licensure as a Psychologist, LPC or LCSW.

Provide documentation, that shows completed courses/training and/ or gained experience in the following areas:

- ☐ ☐ Assessment and Diagnosis.
- ☐ ☐ Psychometric and Psycho-physiological testing.
- ☐ ☐ Risk Assessment.
- ☐ ☐ Counseling and Psychotherapy.
- ☐ ☐ Cognitive Therapy.
- ☐ ☐ Couples and Family therapy.
- ☐ ☐ Relationship and Social Skills training.
- ☐ ☐ Relapse Prevention.
- ☐ ☐ Sexual Arousal Control.
- ☐ ☐ Social Support Networks.
- ☐ ☐ Victim Awareness and Empathy.
- ☐ ☐ Cultural/Ethnic issues.



- ☐ ☐ Ethics as applied to working with a forensic population.
- ☐ ☐ Human development with special attention to sexual development.
- ☐ ☐ Interviewing Skills.
- ☐ ☐ Knowledge of family dynamics as related to sex offending.
- ☐ ☐ Psychopathology.
- ☐ ☐ If available, provide proof of professional memberships/affiliations with professional organizations in the area of sexual abuse/therapy is preferred but not required. Must agree, however, to adhere to "Practice Standards and Guidelines" set by the Association for the Treatment of Sexual Abusers (ATSA) and the rules and regulations of the Missouri Department of Corrections.
- ☐ ☐ Annual CEU's of at least 15 hours in fields applicable to sexual abuse treatment.

COMMENTS:

# **Requirements for Approved Providers** **(Provisional)**

## **I. YES NO**

- ☐ ☐ Graduate degree in behavioral health or social sciences from a fully accredited college or university.
- ☐ ☐ Resume/Vitae.
- ☐ ☐ Provide documentation of CEUs along with any Certificates in special training in treatment of Sex Offenders.
- ☐ ☐ Missouri licensure as a Psychologist, LPC or LCSW.

Provide documentation, that shows completed courses/training and/ or gained experience in the following areas:

- ☐ ☐ Assessment and Diagnosis.
- ☐ ☐ Psychometric and Psycho-physiological testing.
- ☐ ☐ Risk Assessment.
- ☐ ☐ Counseling and Psychotherapy.
- ☐ ☐ Cognitive Therapy.
- ☐ ☐ Couples and Family therapy.
- ☐ ☐ Relationship and Social Skills Training.
- ☐ ☐ Relapse Prevention.
- ☐ ☐ Sexual Arousal Control.
- ☐ ☐ Social Support Networks.
- ☐ ☐ Victim Awareness and Empathy.
- ☐ ☐ Cultural/Ethnic Issues.
- ☐ ☐ Ethics as applied to working with a forensic population.

- ☐ ☐ Human development with special attention to sexual development.
- ☐ ☐ Interviewing Skills.
- ☐ ☐ Knowledge of family dynamics as related to sex offending.
- ☐ ☐ Psychopathology.
- ☐ ☐ If available, provide proof of professional memberships/affiliations with professional organizations in the area of sexual abuse/therapy is preferred but not required. Must agree, however, to adhere to "Practice Standards and Guidelines" set by the Association for the Treatment of Sexual Abusers (ATSA) and the rules and regulations of the Missouri Department of Corrections.
- ☐ ☐ Annual CEU's of at least 15 hours in fields applicable to sexual abuse treatment.

COMMENTS:

## **PROVIDER STANDARDS**

### A. Agree to develop and maintain a file on each Sex Offender which includes:

- ☐ An Intake Assessment which includes a written thorough psychosocial assessment, complete sexual history and risk to the community assessment.
- ☐ Treatment Plan to include specific goals/risk, time frames for completion. Treatment Plans will be reviewed and updated as outlined in the time frames.
- ☐ Monthly attendance sheet with payment information/problems.
- ☐ Documentation of weekly group work.
- ☐ Relapse prevention/safety plan (original or photocopy).
- ☐ Progress Reports (detailed and specific to progress in treatment).
- ☐ Signed copy of confidentiality agreement, and signed release of information.
- ☐ Signed copy of release for file review (audits /monitoring).

### B. DOC Requirements

- ☐ Agree to require Sex Offenders to complete all basic treatment goals and court compliance before consideration is given to completion of therapy.
- ☐ Agree to consult with the supervising Probation and Parole Officer prior to recommendation for completion of treatment or aftercare placement.
- ☐ Provide Quarterly Progress Reports, to the Probation and Parole Officer on each offender. The provider must immediately notify the supervising officer after any absence and will freely share information regarding the offender with the Probation and Parole Officer.
- ☐ Provide offender completion or termination reports with degree of risk in the community and recommendations for the supervising officer. Reports are due within ten (10) calendar days of discharge/completion of treatment.
- ☐ Terminate Sex Offender who demonstrates a pattern of non-compliance with the requirements of the treatment, after consultation with supervising Probation and Parole Officer.
- ☐ If the provider will be absent from group (due to illness, vacation, conference attendance, etc.): the provider will notify the Specialist of the date's group will not be in session. The provider will also notify the supervising officer of any absence.

- ☐ If the provider plans to use a substitute for group when they are absent, they must notify the Specialist and obtain prior approval.
- ☐ Ensure Sex Offender is aware of confidentiality standards with regard to public safety.

I understand failure to comply with the aforementioned standards may result in a temporary suspension of accepting new clients and/or withdrawal of approval status as a Community Sex Offender Treatment Provider.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Treatment Compliance Specialist

Signature\_\_\_\_\_ Date\_\_\_\_\_

Therapist

# **Sex Offender Treatment File Review**

Client:	Therapist:	Reviewer:	Date:
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Criteria	Criteria Met			Comments
	N/A	Yes	No	
File and documents secure				
File organized				
Consent to treatment signed and dated				
Confidentiality agreement signed and dated				
Release(s) of information				
Release for File Audit				
Monthly attendance/payment				
<b>ASSESSMENT</b>				
Static/Dynamic risk assessment tool				
Personal identifying information				
Criminogenic needs				
Protective Factors				
Offense/Conviction Material				
Mental Health/substance abuse history				
<b>TREATMENT PLAN</b>				
Cognitive-behavioral approaches that is skill-based.				
Initial within 30 days/Reviewed Quarterly thereafter				
Behaviorally specific to offender's needs				
Education on Basic Community Engagement Skills				
Treatment Plan is based on Risk/Needs				
Criminogenic needs				
Approach Goals				
Offending Pathways				

Weekly notes				
Progress Report				
<b>Aftercare</b>				
Risk assessment completed				
Offender has established interventions for Re-offending behaviors				
<b>Safety Plans</b>				
Risk factors				
Protective Factors				
Plan is behaviorally specific				
Time limited				
Interventions noted				
Date and signed by Offender, Therapist, Probation Officer				
<b>ASSIGNMENTS</b>				
<b>POLYGRAPHS</b>				

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Treatment Compliance Specialist

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Date

# Sex Offender Treatment/Evaluation Referral Form

Name:		Date of Referral:	
DOC #:	Supervising Officer:		
Offender Home Phone #:	Officer Telephone #:	District Location:	
Offender Work Phone #:	Email:		
Sex Offender Therapist:			
Telephone #:			
Probation/Parole/Conditional Release:			
Conviction Offense:			
Current Offense:			
Sentence:			
Date of Release:		Expiration Date:	
Summary of Offense (Please include summary of police reports, DFS reports, SAR, age of victim, relationship to victim, victim's statement, and details of crime.):			
Special Conditions:			
Criminal History:			
Mental Health History:			
Substance Use History:			
Previous Treatment History (Please include any previous psychological counseling or sex offender treatment the offender has participated in):			





STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
**SEX OFFENDER SUPERVISION AGREEMENT**

OFFENDER NAME	DOC NUMBER
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In accordance with the authority granted the Missouri Department of Corrections, Division of Probation and Parole, or any Circuit Court by the laws of the State of Missouri (RSMo 217.690 and 559.021), you have been ordered to participate in the Sex Offender Supervision Program and are subject to the following conditions:

1. I will comply with all registration requirements that apply to me. I understand that failure to comply with the registration requirements may result in new criminal charges.
2. Any employment or residence must be approved by my supervising officer. Residences may not be approved within 1000 feet of a school or day care as defined by 566.147 RSMo. In addition, per 566.150 RSMo, no residences will be approved that are within 500 feet of a public park with playground equipment, a public swimming pool, or any museum with the primary purpose of entertaining or educating children under 18 years of age. Prior approval from my supervising officer is needed for any changes.
3. I will advise my supervising officer of the names, dates of birth and gender of all persons residing at my residence. I will advise all adult members in the household of my criminal convictions.
4. Per RSMo 557.051, I will participate in and successfully complete a sex offender treatment program approved by my supervising officer, at my own expense.
5. I will submit, at my own expense, to assessment required by my therapist or supervising officer. This may include, but not be limited to, a polygraph.
6. I will not have any contact with the victim or the victim's family of the sex offense for which sex offender supervision is required, directly, indirectly or through a third party unless approved by the treatment team or as stipulated by the Court or Parole Board.
7. I will have no contact with any person age 16 or under, or any incapacitated person without the prior approval of my treatment team.
8. If my illegal conduct involved a person 16 years of age or under, I will avoid parks, schools, daycare centers, toy stores, pools, carnivals, museums, or other places where children are known to frequent, unless prior approval is given to me by my supervising officer.
9. I will not possess or access sexually explicit / pornographic material which may include, but not limited to: sexually explicit / pornographic material on any electronic media, adult bookstores, and adult theaters or any other prohibited material as defined by the treatment team.
10. I understand that additional special conditions may be added to address specific needs.

**I have read or have had read to me the Sex Offender Supervision Agreement and agree to abide by the conditions set forth in this document.**

OFFENDER SIGNATURE	DOC NUMBER	DATE
PROBATION & PAROLE OFFICER	TITLE	DATE

Michael L. Parson  
Governor



Anne L. Precythe  
Director

**State of Missouri**  
**DEPARTMENT OF CORRECTIONS**  
**Board of Probation and Parole**  
*Ad Excelleum Conamur - "We Strive Towards Excellence"*

Date:  
To:  
From:

\_\_\_\_\_ (*client name*) is currently under supervision with the Board of Probation and Parole and being supervised by our department as a sexual offender for committing the offense of \_\_\_\_\_ (*offense*). As a condition of \_\_\_\_\_ (*client name*) supervision, *he/she* is required to participate in sex offender treatment by Missouri State Law (566.140 and 566.141 RSMo). Treatment includes the need to submit to a therapeutic polygraph examination. These examinations help individuals to become open and honest about their criminal behavior, deviant sexual history and risk to the victim and public safety. The test is administered by a qualified and specially trained examiner. The interview serves only to seek important sexual information in a non-confrontive and non-threatening environment.

\_\_\_\_\_ (*client name*) had indicated that *he/she* is your patient receiving mental/medical care. Please review \_\_\_\_\_ (*client name*) case and advise whether you believe there are any reasons why *he/she* could not participate in this testing.

Please understand that victim and public safety rely on \_\_\_\_\_ (*client name*) complete cooperation and compliance. Additionally, national research supports that therapeutic polygraph testing for sex offender treatment is the only reliable source of verification for treatment and supervision.

Attached is a signed release of information granting you the authority to share this information with me. If you have no objection to \_\_\_\_\_ (*client name*) being subject to a polygraph exam please indicate such by signing in the appropriate location at the bottom of this letter. Please then return it to me soon as possible. If you have any questions, please feel free to contact me at 000-000-0000.

Sincerely,

*Officer Name*  
*Position*  
*District*  
*Address*  
*Telephone #*

**Michael L. Parson**  
Governor



**Anne L. Precythe**  
Director

**State of Missouri**  
**DEPARTMENT OF CORRECTIONS**  
**Board of Probation and Parole**  
*Ad Excelleum Conamur - "We Strive Towards Excellence"*

There is no reason that \_\_\_\_\_ (*client name*) should not be subject to polygraph testing.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

I understand the importance of the polygraph procedure as described above. As \_\_\_\_\_ (*client name*) mental health care provider, I believe that \_\_\_\_\_ (*client name*) should not be subject to polygraph testing due to *his/her* health concerns.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date